

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000015201

FILED
Feb 09, 2003
Secretary of State

Entity Name: CHARLIE'S RUSTIC BAY INN, INC.

Current Principal Place of Business:

1020 NE 45 CT
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

4475 N.W. 18TH TERRACE
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 65-0813469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERNIGLIA, CATHERINE
4475 N.W. 18TH TERRACE
OAKLAND PARK, FL 33309 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CERNIGLIA, CATHERINE
Address: 4475 N.W. 18TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: DTS () Delete
Name: CERNIGLIA, MARK
Address: 4475 N.W. 18TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CERNIGLIA

SECT

02/09/2003

Electronic Signature of Signing Officer or Director

Date